

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NUR		09-05-01
O.I.P.E. CLASSIFIER		28	9/15
FORMALITY REVIEW	ET	TC878	10-08-01
RESPONSE FORMALITY REVIEW	ph	1090	11-20-09

## INDEX OF CLAIMS

✓ ..... Rejected  
 " ..... Allowed  
 (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	6-15-03
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Claim	Date
Final	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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20816  
 10/07/01  
 11-20-09